

RESERVE COMPONENTS CAREER COUNSELOR INTERVIEW RECORD

For use of this form, see AR 601-280; the proponent agency is ODCSPER

AUTHORITY: Title 5, USC, Section 301.

PRINCIPAL PURPOSE: Explain obligation and participation requirements.

ROUTINE USES: Confirmation of obligation and participation requirements as a basis for contracts and requests for personnel actions.

DISCLOSURE: Disclosure of any information on this form is voluntary; failure to answer all questions may result in denial of enlistment, or transfer to a Reserve Component unit.

SECTION A - TO BE COMPLETED BY SEPARATING SOLDIER

1. NAME <i>(Last, first, middle)(Jr., Sr.)</i>		3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4. BIRTHDAY <i>(YYMMDD)</i>		5. HEIGHT	6. WEIGHT		
2. SSN						7. PULHES			
ITEM <i>(Check appropriate block for each item)</i>		YES	NO	R/G	16. EDUCATION COMPLETED				
8. Are you a U.S. citizen?					<input type="checkbox"/> GED	<input type="checkbox"/> HS GRAD	<input type="checkbox"/> COL DEGREE		
9. Do you have a military driver's license?					17. RACE				
10. Do you have a normal color vision?									
11. Is your spouse on active duty?					18. DATE OF LAST PHYSICAL				
12. Do you have a bar to enlistment?									
13. Any Article 15s?					19. DATE OF HIV SCREEN				
14. Any AWOL or bad time?					20. HOME PHONE NO.		21. DUTY PHONE NO.		
15. Is this a regular ETS?									
22. CURRENT UNIT DESIGNATION		23. ADDRESS AFTER SEPARATION <i>(Street, city, state, ZIP Code)</i>					24. PHONE NO. AFTER SEPARATION		
25. MAJOR COMMAND									
26. PMOS	27. SMOS	28. RANK/GRADE		29. YRS OF SERVICE			30. MARITAL STATUS		
31. NO. DEPENDENTS		32. DATE OF ETS		33. TERMINAL LEAVE <i>(YYMMDD)</i>			34. TYPE OF DISCHARGE <i>(Chapter)</i>		
35a. SIGNATURE OF SOLDIER								35b. DATE	

SECTION B - TO BE COMPLETED BY RC CAREER COUNSELOR

MATH	SCI	GT	GM	EL	CL	MM	SC	CO	FA	OF	ST	AFQT	DLAB
36. CHECK ONE <input type="checkbox"/> ARNG <input type="checkbox"/> USAR <input type="checkbox"/> IRR _____							37. GAINING UNIT						
38. NUMBER OF YRS			39. BONUS <input type="checkbox"/> YES <input type="checkbox"/> NO				40. ADDRESS/LOCATION <i>(City, state, ZIP Code)</i>						
41. UIC			42. CONTROL NO.										
43. POC			44. ASGT DMOS				45. APPOINTMENT DATE			46. UNIT PHONE <i>(Incl area code)</i>			
47. REMARKS													
48a. SIGNATURE OF RC CAREER COUNSELOR										48b. DATE			